

EXAMPLE
Medical Home Planning Guide

Child's Name Mary Warren Date of Birth 12/9/02

Today's Date	Child's Age in Months	Health Insurance Name	Indicate any problems in the notes section					
			Check-up Date	Hearing	Vision	Oral Health	Blood Hgb or HCT	Lead
6/10/04	30	KidsCare	4/15/04					
12/12/04	36	None	4/15/04					
1/15/05	37	None	1/14/05	x			x	

Notes:

12/12/05 Referred to Pima County Health Department Public Health Nursing for assistance with getting Kids Care or AHCCCS. Will be seen in PCHD Well Child Clinic on 1/14/05

1/15/05 Mom says she was told child is anemic. Got a bottle of Iron at PCHD. Will go back in 1 month. Saw KidsCare worker at clinic

This form is reviewed each time the EIIRC card is reviewed

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